

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
ACTING AS COLLECTING AGENT FOR
U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Medical Expenditure Panel Survey Insurance Component

HEALTH INSURANCE COST STUDY PLAN INFORMATION QUESTIONNAIRE

GENERAL PLAN INFORMATION

Please complete this Plan Information Questionnaire for the representative plan with the largest (or next largest) enrollment. Please select the plan which best represents all regions.

FOR CENSUS USE ONLY

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1a. For 2000, what was the name of the health insurance plan with the largest (or next largest) national enrollment of ACTIVE employees?

Examples: • Blue Cross Blue Shield, High Option
• Company Plan A
• Aetna, HMO

012 Name of plan

b. What was the name of the insurance company or carrier providing this plan?

Examples: • Blue Cross Blue Shield
• Alliance
• Charter Health

If self-insured, enter your company name.

102 Name of insurance carrier

2. Which type of health care provider was available through this plan?

- 103 1 ☐ Exclusive providers
(Examples: Most HMO, IPA, and EPO-type plans)
2 ☐ Any providers
(Examples: Most conventional or indemnity plans)
3 ☐ Mixture of preferred and any providers
(Examples: Most PPO and POS-type plans)

3. Did this plan REQUIRE that the enrollee see a gatekeeper or primary-care physician in order to be referred to a specialist?

For plans with multiple options, answer for the "in-network" option.

- 104 1 ☐ Yes
2 ☐ No

4. Was this plan purchased from an insurance underwriter or was it self-insured?

Purchased from an insurance underwriter – (Fully insured)
Coverage is purchased from an insurance company or other underwriter who assumes the risk for enrollees' medical expenses.

Self-insured – Your organization assumes the risk for the enrollees' medical expenses and may charge a premium to employees. This plan may be administered by a third party and may employ supplemental stop-loss insurance to limit unanticipated losses.

- 105 1 ☐ Purchased – **SKIP to Page 2, Question 6**
2 ☐ Self-insured – *Continue with Question 5a*

SELF-INSURED PLAN INFORMATION

Complete Questions 5a–g if this plan was self-insured.
Estimates are acceptable.

5a. Was this plan self-administered or did your company employ an insurance company or other administrator?

- 106 1 ☐ Self-administered
2 ☐ Insurance company or other administrator

b. Did your company purchase stop-loss coverage?

- 107 1 ☐ Yes
2 ☐ No

SELF-INSURED PLAN INFORMATION – Continued								
5c. What was the ANNUAL COST of this plan for the 2000 plan year at ALL of the locations where it was offered? Include the following: • Claims paid • Administrative costs • The cost of stop-loss coverage (if any)	108	\$ <div style="float:right"></div> , <div style="float:right"></div> , <div style="float:right"></div> . <div style="float:right"></div> <div style="float:right"></div> <div style="float:right"></div>	Annual plan cost					
d. What percentage of the amount reported in 5c covered stop-loss coverage and administrative costs?	560	<div style="border: 1px solid black; width: 70px; height: 30px;"></div> %	Percentage paid for stop-loss coverage and administrative costs					
e. What was the monthly premium equivalent for ONE TYPICAL employee with EMPLOYEE-ONLY coverage? If the premium equivalent is not available, enter the COBRA amount.	109	\$ <div style="float:right"></div> , <div style="float:right"></div> . <div style="float:right"></div> <div style="float:right"></div> <div style="float:right"></div>	Employee-only premium equivalent					
f. What was the monthly premium equivalent for ONE TYPICAL employee with FAMILY coverage? If the premium equivalent is not available, enter the COBRA amount. If premium varies by family size, report for a family of four.	110	\$ <div style="float:right"></div> , <div style="float:right"></div> . <div style="float:right"></div> <div style="float:right"></div> <div style="float:right"></div>	Family premium equivalent					
g. Are the amounts reported in 5e and 5f premium equivalents or COBRA amounts? Mark (X) only one.	111	1 <input type="checkbox"/> Premium equivalents 2 <input type="checkbox"/> COBRA amounts						
PLAN AFFILIATION								
6. Was this plan offered through a union or a trade association? If this plan was offered through a union or trade association, please provide the information requested at the right. →	113	1 <input type="checkbox"/> Union 2 <input type="checkbox"/> Trade association 3 <input type="checkbox"/> Neither – Continue with Question 7a <div style="margin-top: -10px; margin-left: 100px;">↙</div> <div style="margin-top: -10px; margin-right: 100px;">↘</div>						
	114	Name of union or trade association				115	Local number, if a union	
	116	Name of insurance representative						
	117	Address (Number and street)						
	118	City			119	State	120	ZIP Code
	121	Telephone number ()						

ENROLLMENT	
2019	1,000
2020	1,000
2021	1,000
2022	1,000
2023	1,000
2024	1,000
2025	1,000
2026	1,000
2027	1,000
2028	1,000
2029	1,000
2030	1,000
2031	1,000
2032	1,000
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2091	1,000
2092	1,000
2093	1,000
2094	1,000
2095	1,000
2096	1,000
2097	1,000
2098	1,000
2099	1,000
2100	1,000

Estimates are acceptable for all enrollment figures.	
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7a. How many ACTIVE employees were ENROLLED in this plan during a TYPICAL pay period in 2000?

125

Active employees enrolled in plan

Include full-time, part-time, temporary, and seasonal employees.

Exclude former employees, contract workers, and retirees.	
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b. How many of these ACTIVE employees were ENROLLED in EMPLOYEE-ONLY coverage during a typical pay period in 2000?	129	<div data-bbox="810 436 1066 441" style="border: 1px solid black; width: 180px; height: 31px;"></div> <div data-bbox="1066 436 1380 441"> Active employees enrolled in employee-only coverage </div>
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<p>C. Did your organization offer EMPLOYEE-PLUS-ONE coverage for this plan during 2000?</p>	<p>570</p> <p>1 <input type="checkbox"/> Yes – Continue with Question 7d</p> <p>2 <input type="checkbox"/> No – SKIP to Question 7e</p>
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<p>d. How many ACTIVE employees were ENROLLED in EMPLOYEE-PLUS-ONE coverage during a typical pay period in 2000?</p>	<p>571</p>	<div style="border: 1px solid black; width: 150px; height: 40px; margin: 0 auto;"></div> <p>Active employees enrolled in employee-plus-one coverage</p>
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<p>e. How many FORMER employees were ENROLLED in this plan, excluding retirees, through COBRA or other state continuation-of-benefits laws during a typical pay period in 2000?</p>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 150px; height: 40px; margin-right: 10px;"></div> <div> <p>126</p> <p>Former employees enrolled in plan, excluding retirees</p> </div> </div>
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EMPLOYEE-ONLY COVERAGE PREMIUMS

Report for TYPICAL situations and enrollees.	
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If premium varies, report for an average employee.
Report employer/employee contributions and total

8a Was EMPLOYEE ONLY coverage offered under

8a. Was EMPLOYEE-ONLY coverage offered under this plan?

1 ☐ Yes – Continue with Question 8b

2 ☐ No – **SKIP to Question 9a**

b. For this plan, how much did the EMPLOYER contribute toward the plan premium of one typical employee with EMPLOYEE-ONLY coverage?

<p>C. How much did this typical EMPLOYEE with EMPLOYEE-ONLY coverage contribute toward his/her own premium?</p>	132	<div style="border: 1px solid black; padding: 5px; display: flex; align-items: center;"> \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input checked="" type="text" value="0"/> <input checked="" type="text" value="0"/> </div> <p>Employee contribution for employee-only premium</p>
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<p>d. What was the TOTAL premium for this typical employee with EMPLOYEE-ONLY coverage?</p>	130	<table border="1" style="width: 100%;"> <tr> <td>\$</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>,</td><td></td><td></td><td></td><td></td><td></td><td>.</td><td>0</td><td>0</td> </tr> </table> <p><i>If this was a self-insured plan, this total should be the same as 5e on Page 2.</i></p>	\$,						.	0	0
\$,						.	0	0			

e. The amounts reported in questions 8b–d are based on which one of the following time periods?

Mark (X) only one.

133

- 1 ☐ Weekly
- 2 ☐ Every 2 weeks
- 3 ☐ Monthly
- 5 ☐ Quarterly
- 4 ☐ Yearly

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FAMILY COVERAGE PREMIUMS

Report for *TYPICAL* situations and enrollees.
If premium varies, report for an average employee.
Report employer/employee contributions and total premium for the same period.
If premium varies by family size, report for a family of four.

9a. Was FAMILY coverage offered under this plan?

- 137 1 ☐ Yes – Continue with Question 9b
2 ☐ No – **SKIP to Question 10a**

b. For this plan, how much did the EMPLOYER contribute toward the plan premium of one typical employee with FAMILY coverage?

135 \$, . 0 0 **Employer contribution for family premium**

c. How much did this typical EMPLOYEE with FAMILY coverage contribute toward his/her own premium?

136 \$, . 0 0 **Employee contribution for family premium**

d. What was the total premium for this typical employee with FAMILY coverage?

134 \$, . 0 0 **Total family premium**
If this was a self-insured plan, this total should be the same as 5f on Page 2.

e. The amounts reported in questions 9b–d are based on which one of the following time periods?

Mark (X) only one.

- 553 1 ☐ Weekly
2 ☐ Every 2 weeks
3 ☐ Monthly
5 ☐ Quarterly
4 ☐ Yearly

GENERAL PREMIUM INFORMATION

10a. Did the PREMIUMS charged by the insurance company or carrier vary by any of these characteristics?

Mark (X) all that apply.

- 138 ☐ Age
139 ☐ Sex (Gender)
140 ☐ Number of persons covered by a family plan
141 ☐ Wage or salary levels
142 ☐ Other – Specify ☐

099

- 567 ☐ None of the above

b. Did the amount an EMPLOYEE CONTRIBUTED toward his/her own coverage vary by different employee categories?

Examples: Full-time, part-time, union status, wage or salary levels

- 143 1 ☐ Yes
2 ☐ No

INDIVIDUAL DEDUCTIBLES

11a. Did this plan have a deductible?

Deductible – Predetermined amount which must be met by an individual before the plan will pay for covered services.

Many HMOs do not have a deductible.

- 151 1 ☐ Yes – Continue with Question 11b
2 ☐ No – **SKIP to Page 5, Question 13a**

b. What was the annual deductible an individual paid?

Report deductibles for care received "in-network" from preferred providers (if applicable).

If separate deductibles apply, enter physician care and hospital care amounts in appropriate boxes.

If deductible is per overnight hospital stay, it is not an annual deductible and should be reported under 13b on Page 5.

146 \$, . 0 0 **Individual annual deductible**

OR

Separate deductibles for:

147 \$, . 0 0 **Physician care**

148 \$, . 0 0 **Hospital care**

FAMILY DEDUCTIBLES

12a. Did this plan require that a specific number of family members must meet their individual deductibles before the family deductible was met?

- 224 1 ☐ Yes – Continue with Question 12b
 2 ☐ No – **SKIP to Question 12c**
 3 ☐ Family coverage not offered – **SKIP to Question 13a**

b. How many family members were required to meet their individual deductibles before the family deductible was met?

Report for a family of four.

150 Number of family members

c. What was the total annual deductible a family paid?

Report for a family of four.

149 Total annual family deductible

PAYMENTS

13a. Was hospital care covered under this plan?

- 155 1 ☐ Yes – Continue with Question 13b
 2 ☐ No – **SKIP to Question 13c**

b. How much and/or what percentage of the total bill did an enrollee pay out-of-pocket for an inpatient hospital stay after any annual deductible was met?

Some plans may have both a dollar amount and a percentage copayment.

Out-of-pocket expense – Those costs paid directly by the enrollee.

Report for precertified hospital stays (if applicable).

Report the copayment for stay at an "in-network"/participating hospital (if applicable).

Do not include any physician charges incurred during the hospital stay.

152 Amount paid by enrollee for hospital stay

- 154 1 ☐ Per day
 2 ☐ Per stay

AND/OR

153 % Paid by enrollee

c. Was physician care covered under this plan?

- 218 1 ☐ Yes – Continue with Question 13d
 2 ☐ No – **SKIP to Question 14a**

d. How much and/or what percentage of the total bill did an enrollee pay out-of-pocket for an office visit after any annual deductible was met?

Some plans may have both a dollar amount and a percentage copayment.

Out-of-pocket expense – Those costs paid directly by the enrollee.

Report the copayment for an "in-network"/participating general practitioner during normal office hours.

156 Amount paid by enrollee for office visit

AND/OR

157 % Paid by enrollee

Include all copayments and deductibles.
14a. What was the maximum annual out-of-pocket expense for an individual?

Out-of-pocket expense – Those costs paid directly by the enrollee.

This is often referred to as a catastrophic limit.

161

OR

163 ☐ No individual maximum

b. What was the maximum annual out-of-pocket expense for a family of four?

162

OR

222 ☐ No family maximum

PAYMENTS – Continued	
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95	96
97	98
99	100

15a. What was the maximum amount this plan would have paid for an enrollee over his/her lifetime?

b. What was the maximum amount this plan would have paid for an enrollee in one year?

☐ No annual maximum

PLAN CHARACTERISTICS	
1. Plan Type	Comprehensive Strategic Plan
2. Duration	5 Years (2024-2029)
3. Scope	Global Operations, R&D, Marketing, HR, Finance
4. Key Objectives	<ul style="list-style-type: none"> Revenue Growth: 15% CAGR Market Share: Top 3 in key markets Innovation: 10 new products launched Customer Satisfaction: 90% NPS Employee Engagement: 85% score
5. Key Initiatives	<ul style="list-style-type: none"> Digital Transformation Market Expansion (Asia-Pacific) Talent Development Program Sustainability Integration
6. Key Risks	<ul style="list-style-type: none"> Market Volatility Regulatory Changes Technological Disruption Supply Chain Instability
7. Key Metrics	<ul style="list-style-type: none"> Revenue Growth Rate Market Share Customer Satisfaction Score Employee Engagement Score Innovation Pipeline

16a. Could this plan have refused to cover persons with pre-existing medical or health conditions?

b. Did this happen in 2000?

1 ☐ Yes
2 ☐ No
3 ☐ Don't know

17. Did this plan have a policy requiring a waiting period before covering pre-existing conditions?

1 ☐ Yes
2 ☐ No

18. Which of the services listed were covered by this plan?

	Yes (1)	No (2)	Don't know (3)
Routine mammograms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult preventive care (office visits and tests)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child preventive care (office visits and tests)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chiropractic care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Routine vision care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Routine dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthodontic care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inpatient mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/substance abuse treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If your organization offered more than one health insurance plan, please complete a Plan Information Questionnaire for each plan that was offered, up to three plans.